

Narcotic Treatment Program Licensing Branch
Physician Request for a Temporary Exception to Regulations



Pursuant to Health and Safety Code, Section 11876(a)(7), the Director of the Department of Alcohol and Drug Programs (ADP), may grant an exception to the State Narcotic Treatment Program Regulations when it is determined the action would improve treatment services or achieve greater protection to the health and safety of patients, local community, or the general public.

FAX PHYSICIAN'S SIGNED REQUEST TO: (916) 323-5086

Narcotic Treatment Program Information:

NTP License Number: _____
 Licensee Name: _____
 Program Address: _____
 Telephone Number: _____
 Fax Number: _____
 Contact Person: _____

NTP Patient Information:

Medical Record Number: _____
 Continuous Treatment Admission Date: _____
 Primary Medication (circle one): Methadone LAAM
 Dosage Level: _____ mgs.
 If patient currently has medication take-home privileges,
 provide step level (circle one): 1 2 3 4 5 6

✓ **Type of request. If marked with ►, may require U.S. Center for Substance Abuse Treatment approval.**

- ☐ More than 21-Day Detoxification Episode – 10355(a)(1)(C). NOTE: Not to exceed 180 days – 42 CFR 8.2.
- ☐ Maintenance Admission Exception to 2-Year History of Addiction – CCR 10270(d)(1).
- ☐ More than 1-Week Take-Home Supply for Travel or Crisis-Related Hardship – CCR 10385(a)(2).
 ► If time in continuous treatment episode less than 270 days, attach copy of CSAT approval – 42 CFR 8.12(i)(3).
- ☐ More than 2-Week Take-Home Supply for Medical-Related Hardship – CCR 10385(a)(1).
 ► If time in continuous treatment episode less than one year, attach copy of CSAT approval – 42 CFR 8.12(i)(3).
- ☐ Exception to Random, Periodic Urinalysis – CCR 10310(e) & 10360(c)(2).**
 ► If frequency less than eight tests per year, attach copy of CSAT approval – 42 CFR 8.12(f)(6).
- ☐ Other: _____ Cite NTP regulation: **CCR** _____

Program Physician Rationale for Requesting Exception (What is the hardship or health-endangering situation if not approved):

For admission exception request, discharge dates of two prior treatment failures:

(1) _____ and (2) _____
 (MM-DD-YY) (MM-DD-YY)

For take-home supply exception request, dates patient will use take-home supply:

From: _____ : _____
 (MM-DD-YY) (MM-DD-YY)

For travel out of area, program's attempt to arrange for courtesy dosing in: _____
 (TRAVEL DESTINATION)

was not successful because: _____

Program Physician Acceptance of Conditions: *I certify that the above information is true and accept the following conditions: 1) Approval does not exempt the program from complying with all other applicable state, federal, and foreign country laws and regulations. 2) A detox episode more than 30 days will require compliance with requirements for federal long-term detoxification and state maintenance treatment. 3) Prior to granting take-home exceptions, programs will inform patients that the use and possession of methadone may violate other laws (e.g., commercial motor vehicle and opiate importation restrictions). 4) A urinalysis exception will expire if there is a change in the patient's condition that makes this exception no longer necessary or in one year from the approval date, whichever comes first.** 5) Documentation concerning this exception will be filed in the patient's record.*



 (SIGNATURE OF PROGRAM PHYSICIAN)

 (PRINTED NAME)

 (DATE)

ADP Use Only: *I grant this exception pursuant to a delegation of authority granted by the Director of ADP and, if applicable, concur with the approval of the U.S. Center for Substance Abuse Treatment, as required in 42 CFR 8.12.*

Approval Signature: _____ **Approval Date:** _____